

**I-192**

**11-06-06 email attachment through erulemaking – from Robert Garfield**

November 6, 2006

Patricia N. Daniels  
Director, Supplemental Food Programs Division  
Food and Nutrition Service  
United States Department of Agriculture  
3101 Park Center Drive, Room 528  
Alexandria, VA 22302

Re: Comments to the Proposed Rule on Revisions in the WIC Food Packages (Docket No. 0584-AD77, WIC Food Packages Rule)

Dear Ms. Daniels:

The National Yogurt Association ("NYA") is pleased to submit these comments to the United States Department of Agriculture's ("USDA" or "agency") Food and Nutrition Service ("FNS") in response to the proposed rule on the "Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): Revisions in the WIC Food Packages" ("proposed rule") published in the *Federal Register* of August 7, 2006.<sup>1</sup>

NYA is the national nonprofit trade association representing producers of live and active culture ("LAC") yogurt products as well as suppliers to the yogurt industry. NYA's member companies are among the largest yogurt manufacturers in the United States. NYA sponsors scientific research regarding the health benefits associated with the consumption of yogurt with LAC and serves as an information resource for the American public about these attributes.

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<sup>1</sup> 71 Fed. Reg. 44784 (August 7, 2006).

November 6, 2006

Page 2



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Although NYA applauds USDA's efforts to modernize the WIC program and align WIC food packages with the 2005 Dietary Guidelines for Americans, NYA strongly objects to the agency's decision to exclude yogurt as a proposed partial alternative to fluid milk in WIC food packages. As discussed in greater detail below, the proposed rule and USDA's decision to exclude yogurt:

- Is inconsistent with the National Academies' Institute of Medicine's ("IOM") nutritionally-based and extensively researched recommendation that yogurt be included as a partial-substitute to fluid milk in WIC food packages;
- Does not comprehensively consider the unique nutritional and other benefits of yogurt to the WIC population;
- Is inconsistent with WIC's statutory requirement to focus the WIC program on supplemental foods that contain nutrients that address the nutritional risks of the WIC population;
- Is inconsistent with the purpose of authorized milk substitutes; and
- Does not include a statutorily required risk assessment by USDA's Office of Risk Assessment and Cost-Benefit Analysis ("ORACBA").

NYA respectfully requests that USDA include yogurt as an authorized alternative to fluid milk in WIC food packages. At the very least, USDA should: (1) conduct both a risk assessment and pilot test to assess the health effects and cost impact of including yogurt in the WIC food packages; and (2) consider alternatives such as the inclusion of yogurt only in Food Packages V-VII to facilitate the adoption of yogurt within the cost and nutrition parameters of the program.

#### **I. Background on the WIC Program and Food Packages**

The WIC program is one of the largest nutrient-focused and nutrition-based food assistance programs in the United States. Through the WIC program, the FNS provides Federal grants to States for supplemental foods, health care referrals, and nutrition education for low-income

November 6, 2006

Page 3

pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children who are found to be at *nutritional risk*.<sup>2</sup> Two types of nutrition risk are recognized for WIC eligibility – medically based risks such as anemia or history of pregnancy complications, and dietary risks including inappropriate nutritional practices or the failure to meet dietary guidelines.<sup>3</sup>

Seven different WIC food packages provide supplemental foods designed to address the nutritional needs of WIC participants.<sup>4</sup> These supplemental foods currently include iron-fortified infant formula, iron-fortified cereals, fruit juice, vegetable juice, milk, cheese, eggs, peanut butter, dried beans, peas, carrots, tuna fish, and physician-prescribed formula/medical foods.<sup>5</sup> These foods are high in protein, calcium, iron, vitamin A, and/or vitamin C – nutrients that were identified in early legislation for the WIC program as being “of particular concern for WIC participants.”<sup>6</sup> Most WIC participants access the food packages by redeeming vouchers or food checks at participating retail outlets.

The USDA is now proposing to revise the WIC food packages to, among other things, “better reflect current nutrition science and dietary recommendations,” support improved nutrient intakes, and provide increased variety and choice to WIC participants.<sup>7</sup> The proposed revisions are ostensibly based on the recommendations of the IOM, which was commissioned by the FNS to independently review the WIC packages and propose cost-neutral changes. However, the USDA does not fully incorporate the carefully reasoned and researched nutrition-based IOM recommendations into its proposed rule.

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<sup>2</sup> 71 Fed. Reg. at 44785.

<sup>3</sup> USDA, “Nutrition Program Facts: The Special Supplemental Nutrition Program for Women, Infants, and Children,” WIC Fact Sheet, (<http://www.fns.usda.gov/wic/aboutwic/default.htm>).

<sup>4</sup> 71 Fed. Reg. at 44787. There are currently seven different monthly packages – Food Package I is for infants 0-3 months, Food Package II is for infants 4-12 months, Food Package III is for children and women with special dietary needs, Food Package IV is for children 1-5 years of age, Food Package V is for pregnant and breastfeeding women, Food Package VI is for non-breastfeeding postpartum women, and Food Package VII is for breastfeeding women who elect not to receive infant formula through WIC for their infants.

<sup>5</sup> *Id.*

<sup>6</sup> *Id.*

<sup>7</sup> 71 Fed. Reg. at 44784.

November 6, 2006

Page 4

#### A. IOM's Recommended Changes to WIC Food Packages for Women

Following extensive research and analysis, the IOM identified certain "priority nutrients" that are lacking in the WIC population. Based on these priority nutrients, the IOM proposed a variety of cost-neutral changes to WIC food packages that are both culturally suitable and efficient for nationwide distribution and checkout.<sup>8</sup>

The IOM designated a nutrient as a priority nutrient if the prevalence of dietary inadequacy is non-trivial, the mean intake is below the Adequate Intake ("AI") values, or there is a recognized nutrition-related health priority.<sup>9</sup> For pregnant, lactating, and non-breastfeeding postpartum women, the IOM identified calcium, magnesium, vitamin E, potassium, and fiber as "priority nutrients."<sup>10</sup> Nutrients with moderate, but still high, levels of inadequacy for this group were determined to be vitamins A, C, and B6, and folate.<sup>11</sup> Nutrients with lower levels of inadequacy were iron, zinc, thiamin, niacin, and protein.<sup>12</sup>

In light of these priority nutrients, the IOM recommended a variety of changes to the three food packages intended for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women without special dietary needs. Compared with current food packages, the IOM recommended that all three revised food packages for women provide smaller amounts of eggs and juice; add a requirement that cereals be whole grain; and add fruits and vegetables via a \$10 fruit and vegetable voucher. Whole grain bread or other whole grains would be added to two of

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<sup>8</sup> As noted in the preamble to the proposed rule, the IOM used "current scientific information to assess the nutrient adequacy of the diets of WIC participants; assess the supplemental nutrition needs of the population served by WIC; look at the nutrient contributions of the current packages; propose priority nutrients and general nutritional recommendations; and make recommendations for specific changes to the WIC food packages." The IOM used various data sources and examined nutrition-related health risks to identify nutrients and food groups to try to increase or decrease in the food packages with the goal of improving the nutrition of WIC participants. The review of the WIC food packages was further informed by extensive comments made in response to an Advanced Notice of Proposed Rulemaking ("ANPR") on revisions to the WIC food packages, and by comments received by the IOM in public forums during its review. *Id.*

<sup>9</sup> 71 Fed. Reg. at 44787.

<sup>10</sup> 71 Fed. Reg. at 44788.

<sup>11</sup> *Id.*

<sup>12</sup> *Id.*

November 6, 2006

Page 5

the three packages. Canned light tuna would continue to be allowed in one of the food packages, but canned salmon and sardines would be authorized as substitutes for light tuna.<sup>13</sup>

In addition, all three food packages for women would provide smaller amounts of milk products, no longer authorize whole milk, and would allow several alternatives to milk in order to accommodate cultural preferences and to help ensure adequate calcium intake by those who cannot consume milk due to lactose intolerance.<sup>14</sup> Notably, the IOM recommended that: (1) reduced-fat yogurt be permitted as a partial substitute for fluid milk for children and women; (2) cheese continue to be permitted as a partial substitute for fluid milk for children and women; (3) calcium-set tofu be permitted as a partial substitute for fluid milk for women; and (4) soy beverage be permitted as an alternative for all or part of the fluid milk for women.<sup>15</sup> To maintain the nutritional content and cost neutrality of the food packages, the IOM recommended that some substitutions for milk (*i.e.*, yogurt, calcium-set tofu, cheese) be allowed only in limited amounts.<sup>16</sup> The IOM permitted these limitations to be waived in cases of lactose intolerance or other medical conditions.

The IOM conducted a cost-analysis as part of its review and believed that its recommendations to revise the WIC food packages were relatively cost-neutral. The IOM also acknowledged that although the proposed changes are expected to have beneficial effects, some of them could cause unintended and undesirable consequences. Accordingly, the IOM urged the USDA to conduct pilot testing and randomized, controlled trials of the changes before they are implemented nationwide.<sup>17</sup>

## **B. Overview of the Proposed Rule**

The USDA did not adopt all of the IOM's carefully reasoned nutrition-based recommendations because the agency claims that implementing them in full would cost \$1.3 billion above the cost-neutral level over five years. To achieve cost-neutrality, the agency proposed two key

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<sup>13</sup> 71 Fed. Reg. at 44796.

<sup>14</sup> *Id.*

<sup>15</sup> IOM, "WIC Food Packages: Time for a Change," at 119 (<http://www.fns.usda.gov/oane/MENU/Published/WIC/WIC.htm>). Tofu and soy beverages are not allowed as substitutions for milk in the children's package except when prescribed in writing by a recognized medical authority.

<sup>16</sup> *Id.* at 119-200.

<sup>17</sup> *Id.* at 4.

November 6, 2006

Page 6

modifications: (1) a cash-value fruit and vegetable voucher \$2 less per month than that recommended by the IOM; and (2) the removal of yogurt as a proposed alternative to milk.<sup>18</sup>

The agency argued that the price of yogurt as compared to the price of milk would considerably increase the monthly cost of the food packages for children and women.<sup>19</sup> USDA does not, however, thoroughly articulate the basis for the cost estimates of including yogurt, or otherwise demonstrate that the estimates are based upon expected program participant purchases of the type of yogurt in the same quart sizes recommended by IOM. Although soy beverages and tofu also have higher per unit costs than milk, the agency believes that "the estimated amount of these products that would be purchased by WIC participants is substantially lower than that of yogurt."<sup>20</sup>

USDA also deviated from the IOM recommendations with respect to the standards for defining allowable soy-based beverages. The IOM recommended allowing as milk alternatives only soy-based beverages that are fortified to contain nutrients in amounts similar to cow's milk. The IOM also recommended minimum levels per cup of 300 mg of calcium and 120 International Units ("IU") of vitamin D.<sup>21</sup> USDA, however, proposed lower levels of minimum nutrients for authorized soy beverages. For example, the USDA proposed 276 mg of calcium per cup and 100 IU of vitamin D per cup -- both of which are lower than the IOM standard.<sup>22</sup>

In addition to these substantive deviations from the IOM nutrient recommendations, the proposed rule does *not* incorporate the IOM's strong recommendation that the USDA conduct pilot testing or other trials of the changes before they are implemented nationwide.

As discussed in greater detail below, USDA's proposed rule and decision to exclude yogurt: (1) does not comprehensively consider the unique nutritional benefits of yogurt to the WIC population; (2) is inconsistent with WIC's statutory purpose and the purpose of authorized milk substitutes; and (3) does not include a statutorily required risk assessment by ORACBA. The

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<sup>18</sup> 71 Fed. Reg. at 44786.

<sup>19</sup> 71 Fed. Reg. at 44847. USDA priced yogurt at \$2.62 per quart, as compared to \$.68 per quart for milk.

<sup>20</sup> 71 Fed. Reg. at 44786.

<sup>21</sup> 71 Fed. Reg. at 44801.

<sup>22</sup> *Id.*

November 6, 2006

Page 7

USDA should consider alternatives that include yogurt in the food packages, and conduct pilot tests to assess the health effects and cost impact of including yogurt in the WIC food packages.

## **II. Pregnant and Breastfeeding Women Have a Critical Need for Increased Calcium and the Other Nutrients That Yogurt Provides**

The USDA should adopt the IOM's recommendation that yogurt be authorized as a proposed alternative to fluid milk. Yogurt is a nutritious food that is widely available throughout the country and in urban and rural areas alike. It is unclear, and USDA has not addressed, whether fortified soy is or would be similarly available to program participants. In addition, yogurt is a good alternative for those who are lactose intolerant, or who avoid milk for cultural or other reasons. Moreover, yogurt provides significant amounts of potassium and calcium - two of the priority nutrients identified by the IOM for pregnant and breastfeeding women.

### **A. Nutritional Benefits of Yogurt**

Yogurt is a nutrient dense food that contains many essential minerals and vitamins, including riboflavin (Vitamin B2), Vitamin B12, phosphorous and potassium. In addition, yogurt is a good source of protein and calcium. A single serving of yogurt provides between 5 - 10 grams of protein, or 10 to 20% of the Daily Recommended Value ("DRV").

Yogurt is also commonly known as an excellent source of calcium, which is important in developing and maintaining strong, healthy bones and helps to regulate blood pressure in women during pregnancy.<sup>23</sup> In fact, the IOM determined that insufficient calcium intake for pregnant and breastfeeding women may be associated with potential lead toxicity for the fetus and infant.<sup>24</sup>

The 2005 Dietary Guidelines for Americans notes that studies specifically on milk and other milk products, such as yogurt and cheese, showed a positive relationship between the intake of milk and milk products and bone mineral content or bone mineral density in one or more skeletal sites.<sup>25</sup> Recent studies also suggest that increasing calcium may reduce the risk of colon cancer.<sup>26</sup> Some yogurts contain up to 35% of the Recommended Daily Intake ("RDI") for calcium.

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<sup>23</sup> Shield, Jodie, "The Importance of Dietary Calcium," (<http://www.aboutyogurt.com/expertsCorner/shieldCalcium.asp>).

<sup>24</sup> IOM, "WIC Food Packages: Time for a Change," at 62.

<sup>25</sup> Department of Health and Human Services, and USDA, "Dietary Guidelines for Americans," chapter 5, page 26 (2005).

## B. Additional Benefits Associated With Live and Active Cultures

In addition to the high nutritional value offered by yogurt, research indicates that the LACs in yogurt may offer additional health benefits. As required under the current yogurt standard of identity, yogurt must be cultured with *Lactobacillus bulgaricus* and *Streptococcus thermophilus*, although yogurt products may and often do contain other LACs in addition to the standard cultures required by the standard of identity.<sup>27</sup>

Research suggests that certain specific strains of LACs may, depending on the strain, play an active role in preventing gastrointestinal infections,<sup>28</sup> fighting certain types of cancer,<sup>29</sup> boosting the body's immune system,<sup>30</sup> and reducing nasal allergies.<sup>31</sup> The medical community also recognizes the health benefits of consuming yogurt. A magazine conducted a survey and polled 565 physicians across the country to assess whether they believed there were health benefits associated with the regular consumption of active cultures.<sup>32</sup> The survey found that two out of three doctors who counsel their patients on nutritional issues recommend live and active cultured yogurt for: (1) its overall nutritional health benefits; (2) finding it helpful in maintaining a healthy intestinal system; and (3) as a tolerable source of dairy calcium for those who are lactose intolerant.<sup>33</sup>

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<sup>26</sup> Shield, Jodie, "The Importance of Dietary Calcium," <http://www.aboutyogurt.com/expertsCorner/shieldCalcium.asp>.

<sup>27</sup> 21 C.F.R. §§ 131.200, 131.203, and 131.206.

<sup>28</sup> "Getting to Know Yogurt," *Food Management*, July 1, 2004 at 65.

<sup>29</sup> RK Peters et. al, "Diet and Colon Cancer in Los Angeles County," *Cancer Causes Control*, 3(5): 457-473 (Sept. 3, 1992) (Results from a study of over 1,400 subjects with colon cancer that sought to determine which foods were associated with a reduced risk of colon cancer indicated that yogurt intake is associated with a significantly decreased risk of colon cancer); Oskar Adolfsson et. al, "Yogurt and Gut Function," *American Journal of Clinical Nutrition*, 80(2): 245-56 (Aug. 2004).

<sup>30</sup> Martine Piaia et. al, "Assessment of the Benefits of Live Yogurt: Methods and Markers for in vivo Studies of the Physiological Effects of Yogurt Cultures," *Microbial Ecology in Health and Disease*, 15: 79-87, 82 (Nov. 2003).

<sup>31</sup> *Id.*

<sup>32</sup> "Nutrition: Doctors Who Discuss Nutrition With Their Patients Often Recommend Yogurt," *Obesity, Fitness & Wellness Week via NewsRx.com and NewsRx.net* (December 29, 2001 – January 5, 2002).

<sup>33</sup> *Id.*



### C. Yogurt is a Good Alternative for Those Who Are Lactose Intolerant

Research also has confirmed that during the fermentation process required under the standard of identity, LACs play an active role in breaking down lactose in milk, thus allowing those who are lactose intolerant to eat yogurt without certain side effects such as bloating and diarrhea.<sup>34</sup> The IOM similarly recognized that individuals with lactose maldigestion were able to tolerate yogurt better than milk, and that "a high prevalence of lactose maldigestion and low cultural acceptability have been widely cited as reasons for the low consumption of dairy products among people of color."<sup>35</sup> In fact, the IOM noted that Asians and African Americans are especially at risk for low intakes of dietary calcium, and that milk and cheese are not a part of the traditional food patterns of many cultural groups.<sup>36</sup> The IOM highlighted the fact that in public comments, yogurt, soy milk, and tofu were *frequently requested* as calcium-rich options.

The IOM's findings are particularly important since a significant number of women and children enrolled in the WIC program are represented by racial and ethnic minorities. In fact, USDA noted in the preamble to the proposed rule that "marked demographic changes have occurred, with both a dramatic increase in the number of persons served by WIC and a substantial shift in the ethnic composition of the WIC population."<sup>37</sup> The IOM's recommendation to revise the WIC food packages to include reduced-fat yogurt as an alternative to milk would provide an acceptable source of calcium for those WIC participants with lactose maldigestion, and for those who avoid milk for cultural, religious, or other reasons.

### III. USDA's Decision to Exclude Yogurt Is Inconsistent with WIC's Statutory Purpose

Not only is yogurt a widely available food that provides priority nutrients to the WIC population, but USDA's decision to exclude yogurt as a proposed alternative to milk is inconsistent with WIC's statutory purpose. The WIC program was developed to provide supplemental foods and nutrition education to its participants and to "*improve the health status of these persons.*"<sup>38</sup> Supplemental foods are defined to include "those foods containing *nutrients* determined by *nutritional research to be lacking* in the diets of pregnant, breastfeeding, and postpartum women,

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<sup>34</sup> *Id.* at 80; Oskar Adolfsson et. al, "Yogurt and Gut Function" at 245-56.

<sup>35</sup> IOM, "WIC Food Packages: Time for a Change," at 119.

<sup>36</sup> *Id.*

<sup>37</sup> 71 Fed. Reg. at 44787.

<sup>38</sup> 42 USC § 1786(a) (emphasis added).

November 6, 2006

Page 10

infants, and children . . .”<sup>39</sup> The legislative history of the WIC program is similarly replete with references to WIC’s focus on providing supplemental nutrients that are found to be lacking in the WIC population.<sup>40</sup>

It is important to note that the focus of the WIC program is on supplemental foods that provide *nutrients* that are found lacking in the diets of participants - not on the *foods* that are found lacking. In fact, the 1994 amendments changed the name of the WIC program from the “Special Supplemental Food Program for Women Infants and Children” to the “Special Supplemental

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<sup>39</sup> 42 USC § 1786(b)(14) (emphasis added). The IOM also recognized that the goal of the WIC program “is to improve birth outcomes, support the growth and development of infants and children, and promote long-term health in all WIC participants.” IOM, “WIC Food Packages: Time for a Change,” at 1.

<sup>40</sup> For example, the Congressional findings of the Child Nutrition Act note that substantial numbers of the WIC eligible population are “at special risk with respect to the physical and mental health by reason of inadequate nutrition, health care, or both.” 42 USC § 1786(a). The purpose of the program is to provide program participants with supplemental foods, which are “those foods containing nutrients determined by nutritional research to be lacking in the diets” of program participants. *Id.* at 1786(b)(14). The House of Representatives Committee Report on proposed amendments to child nutrition laws noted that WIC “is a nutrition supplementation program that makes funds available . . . for the purpose of providing supplemental foods to low-income women, infants and children as an adjunct to good health care.” H.R. Rep. No. 95-1153, pt. 1, at 2-3 (1978). The 1994 Senate Committee Report on amendments to the Child Nutrition Act of 1966 highlighted the WIC program’s positive impact on health in the target populations, explaining that:

WIC provides nutritious food, nutrition education and health care referrals to low-income women and their children up to age five. WIC has been shown to reduce infant mortality and the incidence of low-birthweight among newborns. In addition, every dollar spent on the prenatal component of WIC saves up to \$4 in Medicaid costs for medical problems arising within 60 days after birth. S. Rep. No. 103-300, at 2 (1994).

Championing the importance of pre-natal and child nutrition programs like WIC, the Senate report asserted that “[p]roper nutrition not only improves health, it also saves money.” *Id.* at 4. The report’s section-by-section analysis of proposed legislation amending child nutrition legislation underscored the WIC program’s success in improving health for target populations, declaring that “WIC helps prevent low birthweight, reduces anemia and increases childhood immunizations.” *Id.* at 36.

The Senate Committee Report on the bill that became the Child Nutrition and WIC Reauthorization Act of 2004 explained that WIC “provides nutrition services and tailored food packages” to certain populations “who are judged to be at nutritional risk.” S. Rep. No. 108-279, at 2 (2004). The Child Nutrition and WIC Reauthorization Act of 2004’s amendments to the WIC provision accentuate the program’s goal of improving health through better nutrition. The Act amended the definition of “supplemental foods” to include those foods “containing nutrients determined by nutritional research to be lacking in the diets of pregnant, breastfeeding, and postpartum women, infants, and children and foods that promote the health of the population served by the program . . .” P. L. 108-265, section 203(a)(2) (2004).

November 6, 2006

Page 11

*Nutrition* Program for Women, Infants, and Children," further emphasizing the program's focus on improving nutrition for certain at-risk populations.<sup>41</sup> From this perspective, it is difficult to discern the rationale for permitting participants to buy a product that contains very little to no high priority nutrients, such as iceberg lettuce, while precluding them from buying a product like yogurt, which is specifically recommended as an alternate product for a high priority nutrient found lacking in program participants.

Although NYA is sympathetic to the programmatic concerns related to placing limits on the types of fruits and vegetables permitted in WIC food packages, and is also supportive of increasing fruit and vegetable consumption, NYA believes that USDA is statutorily required to focus the WIC program on those supplemental foods that contain nutrients that address the nutritional risks of the WIC program population. A general goal of increasing consumption of fruits and vegetables in the WIC population, however worthy of public support, is not the same as targeting resources to address areas of nutritional risk, which is FNS' mandate under the Child Nutrition Act.

The USDA itself has recognized that "inadequate *nutrition* was the prime motivating factor behind enactment of the WIC program,"<sup>42</sup> and that "foods have always been selected for WIC food packages based on their *nutrient density*, modest cost, wide availability, and broad acceptability by the WIC-eligible population."<sup>43</sup> However, despite the fact that the IOM identified calcium as a "priority nutrient" for the WIC population and recommended yogurt as a good source of such calcium, the USDA failed to authorize yogurt as a proposed alternative to milk.

Without data explicitly showing the level at which WIC program participants would purchase the size and type of yogurt recommended by IOM, USDA claimed that it was necessary to exclude yogurt in order to maintain cost neutrality. USDA, however, includes soy and tofu as proposed alternatives to fluid milk specifically because fewer program participants will select them as alternatives. For USDA to disregard one calcium replacement, namely yogurt, a widely recognized source of calcium for the US population, because allegedly too many participants would select it, and to include another, namely soy-based products which need to be fortified with calcium, specifically because they will be less popular among participants, is fundamentally inconsistent with WIC's statutory goal to target nutrient risks in program participants and improve their health status.

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<sup>41</sup> P.L. 103-448, § 204(w)(1)(B) (1994) (emphasis added).

<sup>42</sup> 71 Fed. Reg. at 44824.

<sup>43</sup> *Id.* (emphasis added).

#### IV. USDA's Decision to Exclude Yogurt is Inconsistent With the Purpose of Authorized Milk Substitutes

USDA's decision to exclude yogurt is also inconsistent with the purpose of authorized milk substitutes. The IOM proposed partial and full alternatives to fluid milk in order to provide WIC participants who have milk allergies or lactose maldigestion (or for those who avoid milk for cultural, religious, or other reasons) with more acceptable sources of calcium.<sup>44</sup> To maintain cost neutrality, some of the authorized substitutes are only allowed in limited amounts. If the purpose of the milk substitutes is to provide greater variety and choice to WIC participants, it is counterintuitive to provide substitutes that are less widely available, and that would (according to the agency) be used less than yogurt.

Moreover, the USDA proposes nutritional standards for soy milk that the agency acknowledges are "*currently not met by many products on the market.*"<sup>45</sup> As a result, WIC participants are not being provided any real meaningful choice and the agency is not doing enough to encourage sufficient consumption of calcium rich foods. For all practical purposes, the proposed USDA WIC packages will not result in a greater diversity of dairy foods selected by WIC participants as suggested by the IOM report. This is particularly significant in light of: (1) the IOM's finding that calcium is a priority nutrient for which program participants are critically deficient; and (2) the fact that USDA's proposed fortification level of calcium in soy milk (276 mg of calcium per cup) is lower than that recommended by the IOM (300 mg of calcium per cup).<sup>46</sup>

USDA explained its deviation from the IOM's nutrition-based recommendation for soy fortification by claiming that the proposed nutritional standards for soy milk in WIC packages should be consistent with the nutritional standards for soy milk in the National School Lunch Program and the School Breakfast Program.<sup>47</sup> However, there is no statutory mandate that requires USDA to disregard the IOM recommendations. In fact, USDA failed to recognize that WIC program participants and school nutrition program participants have different nutritional needs, and the authorizing statutes of the two programs do not require identical soy standards. In order to ensure that WIC program participants receive the levels of priority nutrients they need, USDA should simply follow the fortification levels recommended by IOM.

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<sup>44</sup> 71 Fed. Reg. at 44799.

<sup>45</sup> 71 Fed. Reg. at 44835 (emphasis added).

<sup>46</sup> The IOM recommended minimum levels per cup of 300 mg of calcium and 120 IU of vitamin D. The USDA, however, proposed 276 mg of calcium per cup and 100 IU of vitamin D per cup – both of which are lower than the IOM standard.

<sup>47</sup> 71 Fed. Reg. at 44801.

November 6, 2006

Page 13

Not only is USDA's decision to exclude yogurt inconsistent with WIC's statutory purpose and the purpose of authorized milk substitutes, but the agency completely failed to conduct a required risk assessment that could have uncovered nutritional risks and explored alternatives to provide the largest amount of priority nutrients to the WIC population at a cost-neutral level.

#### **V. USDA Failed To Conduct a Risk Assessment As Required by Law**

USDA agencies are required to conduct a risk assessment of, among other things, any "proposed major regulation the primary purpose of which is to regulate issues of human health . . ."<sup>48</sup> This includes "an analysis with as much specificity as practicable" of:

- the risk to human health addressed by the regulation;
- the costs of the regulation;
- a comparison of the risk to other similar risks; and
- the benefits of the regulation.<sup>49</sup>

USDA failed to conduct a risk assessment of the WIC proposed rule, which is a "major regulation" that has a primary purpose of regulating issues of human health. The proposed rule is accompanied only by a regulatory impact analysis ("RIA") that does not contain the required risk assessment.

Given USDA's role in developing the recommendations for the revised food packages, it would be appropriate for the agency to solicit views on the best way to contain costs and address the nutritional risks of program participants.

#### **A. The Proposed Rule is a Major Rule Requiring a Risk Assessment**

USDA agencies are required to conduct a risk assessment under 7 USC § 2204e(b)(1) of any proposed major regulation. A "major" rule is one that "the Secretary . . . estimates is likely to have an annual impact on the economy . . . of \$100,000,000 in 1994 dollars."<sup>50</sup> The proposed WIC rule is plainly "major," with costs well over \$100 million per year in 1994 dollars. In fact,

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<sup>48</sup> 7 USC § 2204e(b)(1)

<sup>49</sup> 7 USC § 2204e(b)(1)(A)-(D).

<sup>50</sup> 7 USC § 2204e(c).

November 6, 2006

Page 14

the RIA discusses the major cost drivers of the proposed rule, many of which individually exceed the \$100 million threshold. For example, the reduction in formula in Food Package I is estimated to save \$367 million, the reduction of milk in Food Package IV is estimated to save \$956 million, the addition of fruits and vegetables is estimated to cost \$1.372 billion, and whole grains are estimated to cost \$639 million.<sup>51</sup> All told, the Federal food costs for WIC for fiscal year 2005 were \$3.6 billion.

**B. The Primary Purpose of the Proposed Rule is to Regulate Issues of Human Health**

Not only is the WIC proposed rule a “major” regulation, but the rule’s preamble and WIC’s statutory authority reveal that the primary purpose of the proposed rule is to regulate issues of human health - in particular the health of WIC program participants.

For example, the proposed rule notes that the IOM “examined *nutrition-related health risks* to identify nutrients and food groups to try to increase or decrease in the food packages with the goal of improving the nutrition of WIC participants.”<sup>52</sup> The proposed rule also notes that “WIC is a unique nutrition assistance program in that it also serves as an adjunct to good health care during critical times of growth and development *to prevent the occurrence of health problems* and to *improve the health status* of Program participants.”<sup>53</sup>

In discussing whether to exempt small entities from the requirements of the proposed rule, the rule states that:

Exempting small entities from providing the specific foods intended to address the nutritional needs of participants or altering the requirements for small entities would *undermine the purpose of the WIC Program and endanger the health status of participants.*<sup>54</sup>

While NYA is not taking a position on the exemption of small entities, the agency’s language demonstrates that the WIC rule is squarely focused on regulating human health. Indeed, the

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<sup>51</sup> 71 Fed. Reg. at 44839.

<sup>52</sup> 71 Fed. Reg. at 44784 (emphasis added).

<sup>53</sup> 71 Fed. Reg. at 44785 (emphasis added).

<sup>54</sup> 71 Fed. Reg. at 44810 (emphasis added).

November 6, 2006

Page 15

entire point of the rulemaking is to improve the nutrient intake of WIC program participants by revising the food packages. The fact the proposed rule is focused on regulating human health is also consistent with the underlying statutory authorities for the WIC program, which (as discussed in Section III) are replete with references to WIC's focus on providing supplemental nutrients that are lacking in program participants.

Indeed, with its special focus on providing a targeted set of nutrients to address special risks to a specific population, the WIC proposed rule falls squarely within the types of rules that Congress believed should be subject to the risk assessment requirements. In the House of Representatives' Committee Report on what was then called the "Office of Environmental Risk," which became ORACBA in the enacted law, Congress noted that only regulations "specifically designed to mitigate particular . . . risks" were covered by the risk assessment requirement.<sup>55</sup> Unlike the food stamp program, WIC is clearly directed at addressing a particular set of risks – the nutritional risks of the WIC population.

Even USDA officials have acknowledged the need for a risk assessment. In presentations to the IOM, USDA officials from ORACBA indicated that the proposed food package revisions need to have a risk assessment completed as part of the rulemaking process.<sup>56</sup> ORACBA's own statement to the IOM outlined two different potential ways to measure nutritional deficiency, each of which would have resulted in different food packages.<sup>57</sup>

Congress enacted ORACBA in order to ensure that USDA agencies conducted risk assessments to improve the quality and effectiveness of USDA regulations. The WIC food packages have not been revised for decades, and the choices and challenges facing FNS are immense, as it seeks to improve the delivery of nutrients to the WIC population through a revised WIC food package, but without adequate funds to provide the full array of foods containing the recommended priority nutrients.

This rulemaking is precisely the type that Congress intended to be subject to a risk assessment, which would undoubtedly assist the agency in making more science-based and transparent

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<sup>55</sup> H.R. Rep. No. 103-714, pt. 1, at 35 (1994).

<sup>56</sup> James D. Schaub, February 26, 2004 USDA/ORACBA Presentation, "Regulatory Risk Assessment: Special Supplemental Nutrition Program for Women, Infants and Children Food Packages," (<http://www.iom.edu/CMS/3788/18047/18314/18317/19297.aspx>).

<sup>57</sup> *Id.*

November 6, 2006

Page 16

decisions about how best to allocate limited funding and improve the delivery of key nutrients to program participants.

**C. A Risk Assessment Would Help Ensure That the WIC Program Provides the Most Nutritional Bang for the Buck**

Given the need for cost containment, a risk assessment that analyzes various options for allocating the limited amount of funding to program participants would provide invaluable guidance in ensuring that the program provides the most nutritional bang for the buck. It is possible, for example, that a different formulation of packages that include yogurt and only certain nutrient rich types of fruits and vegetables could mitigate nutrition risks better than the proposed packages.

Moreover, USDA made no effort to analyze the risk impact of its decision to allow soy and tofu as milk alternatives, despite IOM's recommendation to include soy, tofu, and yogurt. It is by no means clear that program participants for whom calcium is a critical deficiency will select soy or tofu at the same rate that they would select yogurt. The lack of a nutritional risk assessment is doubly problematic because USDA failed to require that soy beverages be fortified to the levels required by IOM.

The failure to include yogurt in the proposed food packages appears to be solely driven by the need to contain costs. As noted in the RIA, however, other options could have been pursued in order to control costs. The absence of a risk assessment analyzing the impact of various food packages and cost containment scenarios on program participants suggests that FNS had a set of preferred outcomes for the revised food packages - outcomes that were not necessarily based on providing "priority nutrients" to program participants, but on promoting a certain set of food products at the expense of others.

This is unfortunate for both taxpayers and participants. WIC is a very important public health program that will spend tens of billions of taxpayer dollars over the coming years. USDA should ensure that it is spending that money in a way that best addresses the nutritional risks of program participants, and the best way to do that is to conduct a risk assessment examining the impact of various options. Policy makers will still have room to make policy judgments, but those judgments can be informed by, and analyzed in, the context of a complete and transparent assessment of various risks and outcomes.

Given USDA's role in developing the recommendations for the revised food packages, it would be appropriate for the agency to solicit views on the best way to contain costs and address the nutritional risks of program participants.



November 6, 2006  
Page 17

November 6, 2006

Page 18

## **VI. USDA Should Conduct Pilot Tests to Assess the Health Effects and Cost Impact of Including Yogurt in the WIC Food Packages**

In addition to conducting a risk assessment, USDA should conduct pilot tests to assess the health effects and cost impact of including yogurt in the WIC food packages. USDA should not arbitrarily restrict access to an IOM recommended calcium substitute without evidence showing that it would in fact have a significant impact on cost. Despite IOM's recommendations to include yogurt in the food packages and to conduct pilot tests of the revised food packages, USDA excludes yogurt and refuses to conduct pilot tests, claiming that it lacks authority to conduct such pilot studies. USDA, however, proposes to utilize a staggered implementation plan for certain provisions, which will effectively operate as a pilot program since it will allow USDA to gauge the impact and cost of the new provisions before they are implemented nationally.

Specifically, the RIA notes that:

Key provisions of the rule intended to promote breastfeeding will be implemented initially in no more than 32 local test sites in up to eight states. *Those provisions will not be implemented nationwide until FNS has evaluated their effectiveness at the test sites.*<sup>58</sup>

Why should FNS utilize what is effectively a pilot program approach for the breastfeeding provisions, but refuse to do so for any other provisions of the proposed rule? This disparate treatment is without justification, particularly in light of the IOM recommendations for pilot programs.

Moreover, the IOM identifies calcium as a priority nutrient for women in the WIC program, and recommended yogurt, cheese, tofu, and fortified soy as alternative means for women to get the amount of calcium they need. USDA has no baseline data regarding the extent to which program participants would select yogurt. From the RIA, it is unclear if the assumptions about the extent of yogurt consumption by program participants are based on consumer purchases of quarts of yogurt or individual size yogurts. This is significant because consumer data clearly shows that consumers purchase quart size yogurt at much lower levels than individual size yogurt.<sup>59</sup>

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<sup>58</sup> 71 Fed. Reg. at 44845 (emphasis added).

<sup>59</sup> For one NYA member company, for example, the dollar sales of single serving yogurt (less than 16 ounces) over the past year were \$1,679,013,000. Meanwhile, the dollar sales of quart sized yogurt over this period were \$296,997,200.

November 6, 2006

Page 19

In addition, it is possible that a much smaller percentage of WIC participants will select tofu or soy beverages as an alternative to fluid milk, and there is no guarantee that available soy beverage will be sufficiently fortified to qualify under the WIC program.

Although NYA understands that there are cost challenges to making revisions to the WIC food packages, there must be better ways to ensure that FNS is providing the best nutrition in the most cost effective manner possible than to simply exclude yogurt altogether. USDA should implement pilot programs or a staggered implementation approach that would allow FNS to analyze the actual extent to which participants would select cheese, soy beverage, tofu, or yogurt instead of milk. USDA could then use data from these pilots or other implementation approaches to make appropriate revisions to the food packages. In other words, a pilot-based or staggered approach would give USDA data to help shape the final packages in a way that best meets participant needs with the limited program funding available. If USDA needs statutory authority to conduct such an approach, NYA believes that USDA could readily obtain such authority from Congress.

## **VII. USDA Should Pursue Alternatives That Include Yogurt In the Food Packages**

The test programs discussed above would give USDA actual cost data on which to base revisions to the food packages, and would allow USDA to have a more solid sense of the cost impacts of including yogurt. This would be the most preferred approach, coupled with the risk assessment discussed above.

In general, however, there are other options that USDA could consider that would allow the inclusion of yogurt in the food packages. For example, since the IOM identified calcium as a priority nutrient for women, USDA could limit yogurt to the food packages intended for women (Food Packages V-VII) instead of Food Packages IV-VII. This could provide some cost savings.

Similarly, limiting or reducing foods that no longer provide higher priority nutrients in WIC food packages could provide cost savings that could be allocated to yogurt. As previously noted, while NYA is both supportive of increasing fruit and vegetable consumption and is sympathetic to the programmatic challenges related to focusing for inclusion in WIC food packages those fruits and vegetables that provide higher priority nutrients, NYA believes that USDA is statutorily required to focus the WIC program on those supplemental foods that contain nutrients that address the nutritional risks of the WIC program population.

November 6, 2006

Page 20

### VIII. Conclusion

NYA respectfully requests that USDA include yogurt as an authorized alternative to fluid milk in WIC food packages. Yogurt provides significant amounts of potassium and calcium - two of the priority nutrients identified by the IOM for pregnant and breastfeeding women. In addition, yogurt is a good dairy option for those who are lactose intolerant, or who avoid milk for cultural or other reasons. At the very least, USDA should: (1) conduct a risk assessment and pilot test (or staggered implementation approach) to assess the health effects and cost impact of including yogurt in the WIC food packages; (2) consider alternatives such as the inclusion of yogurt only in Food Packages V-VII to facilitate the adoption of yogurt within the cost and nutrition parameters of the program; and (3) explore other options such as limiting or reducing foods that no longer provide priority nutrients to fund and incorporate yogurt in WIC food packages.

Respectfully submitted,



Leslie G. Sarasin

President

National Yogurt Association

Nestlé USA



NUTRITION DIVISION  
800 NORTH BRAND BLVD.  
GLENDALE, CA 91203

TEL (818) 549-6000

November 6, 2006

I-193

**VIA E-MAIL 11-06-06 from Magana, Susan, GLENDALE, Nutrition Division**  
**[susan.magana@us.nestle.com]**

Patricia N. Daniels  
Director, Supplemental Food Programs Division  
Food and Nutrition Service  
U.S. Department of Agriculture  
3101 Park Center Drive, Room 528  
Alexandria, VA 22302

**Re: NESTLÉ NUTRITION COMMENTS ON THE PROPOSED RULE**  
**DOCKET ID NUMBER 0584-AD77 – WIC FOOD PACKAGES RULE**

Dear Ms. Daniels:

We are writing to commend the United States Department of Agriculture Food and Nutrition Service on publishing their proposal for the first significant revision to the food packages in over 25 years, and to comment as requested by USDA/FNS on that proposal. More specifically, we commend the department on its efforts to reflect the recommendations made by the Institute of Medicine (IOM) in its April 2005 report: *WIC Food Packages: Time for a Change*, to keep the proposed changes cost neutral, and to provide greater consistency with the *2005 Dietary Guidelines for Americans*. Above all, we commend USDA/FNS on its efforts to encourage breastfeeding for as long as possible throughout infancy.

We participated in the development of the comments submitted to you by the International Formula Council and we continue to agree with those comments. However, we also have the following comments regarding topics of particular interest to Nestlé Nutrition – USA.

**WIC-Eligible Medical Foods**

The proposal specifies certain products that are not authorized as WIC formulas or foods, including, but not limited to:

- Medicines or drugs;
- Parenteral or intravenous nutrition products;
- Enzymes;
- Flavoring and thickening agents;
- Oral rehydration fluids or electrolyte solutions;

- Sports or breakfast drinks; and
- Over-the-counter weight control/loss products.

We wish to point out, with regard to "breakfast drinks", that we understand many products in the "breakfast" category may not be specifically formulated to provide nutritional support for individuals with a diagnosed medical condition, when the use of conventional foods is precluded, restricted, or inadequate. However, we would like to bring to your attention that Nestlé Nutrition has a line of medical food options that has the word "breakfast" in the brand name (Carnation Instant Breakfast Lactose Free, Carnation Instant Breakfast Lactose Free Plus, Carnation Instant Breakfast Lactose Free VHC and Carnation Instant Breakfast Junior). Despite the word "breakfast" in the brand name these products serve as a complete source of nutrition and are approved WIC Eligible Medical Foods. They can be used as an oral supplement or as a complete source of nutrition for those who are unable to tolerate or consume adequate amounts of conventional foods. We therefore recommend that the nutritional profile of a medical food be considered rather than the product name when being considered a USDA/FNS authorized food or formula. Consistent with the IFC comment that the WIC program should minimize any restrictions on new WIC-eligible medical foods in order to maintain the broadest possible arsenal of product solutions in this category, Nestlé's Carnation Instant Breakfast line of WIC-eligible medical foods offers many different solutions to the needs of individual WIC participants.

For over fifteen years, Nestlé Nutrition's mission has been to create innovative enteral nutrition products and programs to meet the continually changing needs of patients across the healthcare spectrum. Nestlé Nutrition blends its knowledge of food production and nutrition science to meet the nutritional needs of acute and chronically ill adults and children.

Recently, we organized all of our oral nutritional supplements under the Nestlé® Carnation® Instant Breakfast® brand because of the excellent reputation and long history of healthcare use enjoyed by our flagship Carnation Instant Breakfast product.<sup>1</sup>

Most of the oral nutritional supplements making up the new Carnation Instant Breakfast line were previously marketed under the NuBasics® brand name – having originated as, and long been considered, "medical foods". The FDA defines a medical food as one that is prescribed by a physician when a patient has special nutrient needs in order to manage a disease or health condition, and the patient is under the physician's ongoing care<sup>2</sup>.

All of the following products in the Nestlé Carnation Instant Breakfast product line are listed as WIC-eligible medical foods on the USDA/FNS website. The depth and breadth of that product line, described below, is intended to meet the unique demands of the most challenging nutritionally compromised patients.

**Carnation® Instant Breakfast® Junior™** is designed to meet the needs of children ages 1-10. It meets 100% of the 2002 NAS-NRC RDA for 21 micronutrients in children of ages 4-8 in 1 liter. It

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<sup>1</sup> Unless otherwise noted, all trademarks are owned by Société des Produits Nestlé S.A., Vevey, Switzerland

<sup>2</sup> Food and Drug Administration. Center for Food Safety and Applied Nutrition. Medical Foods. Available at: <http://www.cfsan.fda.gov/~dms/ds-medfd.html>; Accessed July 5, 2005.

<sup>3</sup> PediaSure is a registered trademark of Abbott Laboratories.

<sup>4</sup> Kindercal is a registered trademark of Mead Johnson Nutritionals.

has similar applications as PediaSure® Oral<sup>3</sup> and Kindercal<sup>4</sup>, but is made from nonfat milk and therefore is not lactose free. Carnation Instant Breakfast Junior is designed to provide nutritional support for children with anorexia, cachexia, as well as those recovering from illness.

**Carnation® Instant Breakfast® Lactose Free** provides oral nutrition supplementation in a lactose-free form, and is similar to supplements such as Ensure<sup>5</sup> and Boost<sup>6</sup>. **Carnation® Instant Breakfast® Lactose Free** is designed to provide nutritional support for individuals with anorexia or cachexia, and may be used as part of a weight management plan. It provides 250 calories per can (1 kcal/mL), and is appropriate for lactose-free, gluten-free, low-cholesterol, and low-sodium diets. (Previously marketed as NuBasics®.)

**Carnation® Instant Breakfast® Lactose Free Plus** provides the same benefits as Carnation Instant Breakfast Lactose Free, but delivers more calories at 375 calories per 250-mL serving (1.5 kcal/mL). This high-calorie nutrition supplement also provides supplemental nutrition for those unable to meet their needs through diet alone. It is similar to Ensure Plus<sup>5</sup> and Boost Plus<sup>6</sup>, and is designed to provide nutritional support for individuals with anorexia, cachexia, unintentional weight loss, those needing a fluid-restricted diet. It may be used as a supplement, as a total meal replacement, or as a sole source of nutrition, as needed. (Previously marketed as NuBasics® Plus.)

**Carnation® Instant Breakfast® Lactose Free VHC** is a very-high calorie oral supplement that provides 560 calories and 23 grams of protein per 250 mL can (2.25 kcal/mL). This product is designed to provide nutritional support in cases of unintentional weight loss, increased energy needs, or for those that require fluid restriction or that have volume sensitivity. It can also be used in conjunction with a MedPass program. In this type of program, acute care patients and long term care residents who typically swallow oral medications with a non-nutritional liquid may receive Carnation Instant Breakfast Lactose Free VHC instead, in order to provide extra calories to this population at high risk for malnutrition. (Previously marketed as NuBasics® 2.0 and VHC 2.25.)

**Carnation® Instant Breakfast® Juice Drink** is a nutritional juice drink that provides calories and protein as part of a clear liquid diet, or as an alternative to traditional supplements. In one 5.5 fluid ounce serving, Carnation Instant Breakfast Juice Drink provides 163 calories and 6.5 grams of whey protein. It is designed for use as an oral nutritional supplement in adult or pediatric patients with cachexia or weight management needs, and in those who must be maintained on a clear liquid diet. (Previously marketed as NuBasics® Juice Drink.)

All of these Carnation Instant Breakfast products can be used as nutritional supplements in a wide range of medical conditions. All except Carnation Instant Breakfast Juice Drink can also be used as a complete source of nutrition if necessary. Additional information about these products is available at [www.nestle-nutrition.com](http://www.nestle-nutrition.com), or by calling the Nestlé Infolink line at 800-422-Ask2 (2752).

<sup>5</sup> Ensure and Ensure Plus are registered trademarks of Abbott Laboratories.

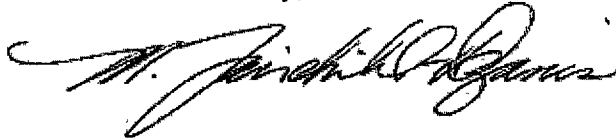
<sup>6</sup> Boost and Boost Plus are registered trademarks of Novartis Medical Nutrition.

**WIC Eligible Infant Formulas**

There were a few topics that were not proposed for revision in the new rule, but which we would like to raise here as potential targets for revision. One such topic is the bidding process with regard to Ready To Feed (RTF) infant formula. As you know, powder formulas come in different size packages from different manufacturers, and the Requests for Bids (RFB) format has successfully dealt with those differences in a way that still allows the states to choose the most cost-effective bid. Since there is growing variability in the available sizes of RTF formula as well (3-, 8-, 8.45- and 32-fl-oz, all being commonly available) -- and since certain sizes from certain manufacturers may be more widely available than others, we believe it would be in the states' interest to allow bids on whatever size a given manufacturer wishes to guarantee retail availability. The total estimated quantity of RTF formula to be issued (which is usually quite small in any case) could simply be divided by the size chosen by the manufacturer, and rounded up if that calculation did not come out to an even number of containers. We trust that these comments are helpful. Please feel free to contact us if you should need additional information.

If you require any further information or clarification of the information provided, please contact me directly at (818) 549-5868.

Yours truly,

A handwritten signature in black ink, appearing to read "M. Fairchild-Dzanis", with a stylized, flowing script.

Melanie Fairchild-Dzanis  
Regulatory Director



I-194

From: WebMaster@fns.usda.gov  
Sent: Monday, November 06, 2006 10:42 AM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

NAME: Terri Long  
EMAIL: tlong@namamillers.org  
CITY: Washington  
STATE: DC  
ORGANIZATION: North American Millers' Association  
CATEGORY: Industry  
OtherCategory:  
Date: November 06, 2006  
Time: 10:42:15 AM

COMMENTS:

November 6, 2006

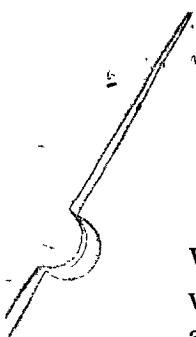
Patricia N. Daniels  
Director, Supplemental Foods Program Division Food and Nutrition Service, USDA  
3101 Park Center Drive, Room 528  
Alexandria, Virginia 22302

Re: [RIN 0584-AD77] Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): Revisions in the WIC Food Packages  
71 Federal Register 44784, August 7, 2006

Dear Ms. Daniels:

Thank you for the opportunity to provide comments on the USDA Proposed Rule for the WIC Food Packages. The North American Millers' Association (NAMA) is the trade association representing the wheat, corn, oat and rye milling industry. NAMA's 48 member companies operate 170 mills in 38 states and Canada. Their aggregate production of more than 160 million pounds per day is approximately 95 percent of the total industry capacity.

We support the agency's decision to add whole grain products to the list of products that may be purchased through the program. However, we recommend that you do not exclude enriched grains. Enriched grains products provide many valuable nutrients in food products. They are also the primary source of folic acid in Americans' diets and have been credited with lowering neural birth defects by 34 percent since 1998. We believe allowing enriched grain products as well as whole grain products will, in the end, better meet the goals you have of delivering nutrition.



We note the only grain product approved for purchase in non-breastfeeding, postpartum women (Package VI) is cereal. NAMA recommends that you include other grain products as well. Bread is inauspiciously absent from the list of approved products in Package VI. Whole grain food products are known to help people control their weight and to aid in alleviating depression, problems to which non-breastfeeding, postpartum women are more susceptible.

Respectfully submitted,

Terri Long  
Director of Communications



I-195

From: jrenner@ussposco.com  
Sent: Monday, November 06, 2006 1:08 PM  
To: WICHQ-SFPD  
Subject: WIC - Docket 0584-AD77

November 06, 2006

Patricia Daniels  
Director, Supplemental Food Programs Division  
Food and Nutrition Service, U.S. Department of Agriculture  
3101 Park Center Drive, Room 528  
Alexandria, VA 22302

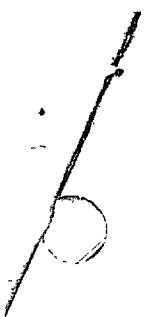
RE: Docket ID Number 0584-AD77, WIC Food Packages Proposed Rule

Dear Ms. Daniels:

I am writing in response to the Proposed Rule regarding revisions to the WIC food packages. I represent USS-POSCO Industries. We manufacture tin mill products used in the production of tin cans. We employ 1000 people Pittsburg, California. I commend USDA for proposing important changes to ensure that WIC participants are provided a wide choice of fruits and vegetables – in all forms – fresh, canned and frozen – as part of the food packages. Since many WIC participants fall short of meeting dietary recommendations for fruits and vegetables – consuming just about a third of what is recommended, programs such as WIC must promote maximum flexibility to help participants purchase and consume more fruits and vegetables. Allowing canned, frozen and fresh options as part of the food packages is an important step in increasing fruit and vegetable intakes among WIC participants and demonstrates growing support for the contribution of all types of fruits and vegetables to the American diet. Please see the attached Fact Sheet on the benefits of canned fruits and vegetables.

In addition, I applaud the agency for providing WIC moms and children with nutritious options that include canned beans and seafood.

USS-POSCO Industries is dedicated to providing our customers an affordable, quality product and we look forward to a final rule that offers flexibility and promotes variety both in terms of types of fruits, vegetables, beans and seafood, and the form in which they are provided.



Sincerely,

Julia M. Renner  
USS-POSCO Industries  
General Manager  
Tin Mill Products  
Sales and Marketing  
Pittsburg, California

